

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NW	7634	12-5-98
O.I.P.E. CLASSIFIER		118	12/9/98
FORMALITY REVIEW		101 120	

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	1	✓	12/23/98
2	2	✓	12/23/98
3	3	✓	12/23/98
4	4	✓	12/23/98
5	5	✓	12/23/98
6	6	✓	12/23/98
7	7	✓	12/23/98
8	8	✓	12/23/98
9	9	✓	12/23/98
10	10	✓	12/23/98
11	11	✓	12/23/98
12	12	✓	12/23/98
13	13	✓	12/23/98
14	14	✓	12/23/98
15	15	✓	12/23/98
16	16	✓	12/23/98
17	17	✓	12/23/98
18	18	✓	12/23/98
19	19	✓	12/23/98
20	20	✓	12/23/98
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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